MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/070042

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					IND.	DEP.	IND.	D...	IND.	DE...
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1	/		/												
2		1		1			51								
3		2		1			52								
4		①		1			53								
5		2		1			54								
6		①		1			55								
7		2					56								
8		①					57								
9		①					58								
10		①					59								
11		①					60								
12		①		1			61								
13		①					62								
14		①					63								
15		①		/			64								
16		①		1			65								
17		①					66								
18		①					67								
19		①					68								
20		1		/			69								
21		ɩ		/			70								
22		2		1			71								
23		①		/			72								
24		①		/			73								
25		①					74								
26		①					75								
27		①		/			76								
28		①		/			77								
29		①		1			78								
30		①		/			79								
31		①		/			80								
32		①		/			81								
33		①①		/			82								
34		①①		/			83								
35		①					84								
36		①					85								
37		①					86								
38		①					87								
39		①					88								
40		①					89								
41		①					90								
42		①①					91								
43		①		1			92								
44		①		/			93								
45		①		/			94								
46		①		/			95								
47		①		1			96								
48		①①					97								
49							98								
50							99								
							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.		1					TOTAL DEP.								
TOTAL CLAIMS		4?		4r			TOTAL CLAIMS								

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS